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# Quality Views

## Updates to Behavioral Health Services' Quality Improvement (QI) Workplan

- by Dan Ketchum

Each July Behavioral Health Services is required to send an updated Quality Improvement Workplan to the Department of Mental Health (DMH). The revised workplan includes an analysis of the past years' activities and our quality improvement plans for the next fiscal year.

### Past years' activities

Of the sixty-five (65) specific QI activities included in the 1999-2000 Workplan, sixty were achieved. Specific examples of these some of these activities are included in Table 1. Five activities were partially achieved.

## Selected changes for this year

### Activities deleted from 2000-2001 Plan

- ◆ Specific QIC requirement to review 1% high risk clients, and U/R requirement 5% of high cost/high utilizer services
- ◆ Follow up review of the 1997 JJC review

### New activities in 2000-2001 Plan

- ◆ Increased emphasis on information feedback loops and using a continuous quality improvement process
- ◆ Review of the consumer transition process after loss of physician or care coordinator
- ◆ Project to increase # residential beds to 553
- ◆ Increase capacity to provide services to seriously emotionally disturbed children in foster care; adolescents 18-21 years old transitioning to adult services; monolingual Spanish speaking adults; and adults in need of vocational training.

Please see page 2

Table 1 Selected Activities and Results of the 1999-2000 Workplan

Activity/Task	Results
Develop and implement training program for performance outcome	As of 6/30/00, 570 staff have received "start-up" training and another 100 have received follow up training.
Review of QIC minutes to identify systems/process issues	Review completed August 2000. Recommendations for improvement were made by CQI
Development of a Behavioral Health Service Policy and Procedure (P&P) Manual	A team containing members from all Divisions has made considerable progress, manuals will be distributed Fall 2000.
Timelines for clients referred through the AB 3632/882 process will be monitored	Children and Youth Services has implemented an excellent process to assure assessments are completed timely
A medication formulary and Prescribing Guidelines Manual will be updated regularly	The Prescribing Guidelines Committee meets bi-monthly to discuss medication issues. A revised manual will be distributed Fall 2000.
Review of complaints, grievances, change of provider requests.	CQI collaborated with Divisional QRT staff to review these events. Recommendations for improving these processes were included in a report forwarded to the Community Quality Improvement Committee.
Cultural issues from performance outcome and consumer survey will be gathered and analyzed	A consumer survey addressing cultural/language issues was conducted in May-June 2000, and a report was provided to administrative staff July 2000

- ◆ Assess beneficiary satisfaction relating to cultural/linguistic issues.
- ◆ QIC meetings will review aggregate data from clinics and forward recommendations to CQI
- ◆ Review of complaints, grievances, AB 3632/882 grievances, requests for change of provider processes, including quarterly reports to CQI.

## Performance Outcome System (POS) Update

- by Dan Ketchum, Dave Horner and Jonathan Rich

### Brief History of POS

As healthcare organizations have shifted more of their quality improvement activities towards measuring results of treatment activities, they have depended more heavily on outcome measurements. This shift has occurred in behavioral health care as well. As part of the shift towards increased control of funds by counties, the state has mandated the use of specific performance outcome measures. During the summer of 1999 Central Quality Improvement (CQI) staff worked with Divisional and Information Technology staff to develop procedures to implement the States' required system. CQI staff began conducting training sessions for Children and Youth Services (CYS) staff in October 1999 (34 training sessions completed to date), and began conducting sessions for Adult Mental Health Services (AMHS) and Alcohol and Drug Abuse Services (ADAS) staff in March 2000 (11 sessions completed to date).

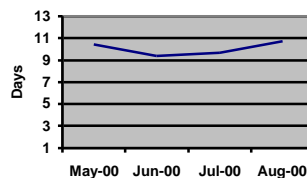
### What is the POS procedure?

The clinician begins the entire process by completing the required set of measurement instruments with the consumer at required intervals. Copies are then forwarded to CQI where staff record receipt of the instruments and forward instruments from CYS to MS-Data for data input (data from ADAS and AMHS is keyed by CQI staff). Reports for each consumer are returned to the clinic and then to the clinician for

their use with the consumer. CQI transmits reports to DMH on an on-going basis.

CQI has established a goal for this process that the time from receiving an instrument to forwarding the clinical report to the clinic should not take longer than seven days. Figure 1 shows the average time required to complete the process for CYS instruments (CQI is just beginning to process AMHS instruments). Alternative ways to shorten the turnaround time continue to be tried.

Days to process CYS instruments, by month



Delays in providing clinical reports to the clinician can occur when instruments are missing data or contain incorrect data. During the month of August 2000, CQI contacted several clinics and spoke with staff members (service chiefs and office support staff) to identify the procedures used to process the instruments and if staff had implemented any new procedures to improve the process. In each clinic, one or two individuals reviewed the instruments prior to sending to CQI. Of the eleven sites contacted, three used a form or written guide to help them catch missing or incorrect data internally.

At Western Youth Services-South, quality improvement coordinator Teresa Henninger and administrative assistant Tiffany Best were responsible for reviewing the instruments prior to sending them to CQI. They noticed a pattern of common problems and errors and developed a single-page checklist of common problems for each of the instruments (CBCL, YSR, CLEP, CAFAS, and CSQ-8) to assist them in catching these problems internally.

The checklist may be only one factor, but this clinic's staff feels that it has helped them maintain a low return rate (4.3% in June).

If you would like a copy of this checklist, please contact CQI. If you have an idea on how to reduce the number of instruments returned for correction, please let us know and we'll share it with everyone at a future training session or newsletter.

CQI is also looking for one or more clinics interested in participating in a focused QI approach to decreasing their return rate. Please contact Dave Horner if you are interested.

### Performance Outcome Results

The CSQ-8 is one of five instruments being administered to mental health consumers receiving services from CYS. The CSQ-8 is a generic consumer satisfaction measure. Analysis of these data is yielding useful information about patterns of consumer satisfaction and dissatisfaction.

Overall, high levels of consumer satisfaction have been seen. On the one-to-four scale used on the CSQ-8 (four reflecting greatest satisfaction), 451 consumers gave ratings that averaged 3.4. African-American consumers expressed slightly less satisfaction (3.2) whereas Hispanic consumers indicated greater satisfaction (3.6). Other consumers, including Caucasians, were near the overall average. Consumers at County clinics were slightly more satisfied than were consumers at contract clinics.

At this stage, these results are preliminary and will serve as a basis for further exploration. As more data accumulate, we will be better able to determine the specific causes of group differences. Through collaboration with clinic staff, this knowledge will enhance the effectiveness of treatment and the satisfaction of consumers with their mental health services.

#### Performance Outcome System Training Schedule

**Location:** 405 W 5<sup>th</sup> St. Suite 433

CYS: October 10<sup>th</sup> 2000 9am-12noon

AMHS/ADAS: October 11<sup>th</sup> 2000 9am-11am